

Case Number:	CM15-0101003		
Date Assigned:	06/03/2015	Date of Injury:	01/08/1996
Decision Date:	07/03/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 75-year-old male, who sustained an industrial injury on 1/08/1996. Diagnoses include chronic pain, lumbar radiculopathy, status post fusion lumbar spine L3-4, L4-5, L5-S1 and atrial fibrillation (on anticoagulation). Treatment to date has included a caudal epidural steroid infusion bilaterally at L4-S1 on 3/06/2015, medications including Gabapentin, Tramadol, and use of a transcutaneous electrical nerve stimulation (TENS) unit. Per the Pain Medicine Reevaluation dated 4/09/2015, the injured worker reported intermittent low back pain accompanied by numbness constantly in the bilateral lower extremities to the level of the toes, tingling constantly in the bilateral lower extremities to the level of the toes and muscle weakness. Physical examination of the lumbar spine revealed tenderness to palpation of the spinal vertebral L4-S1 levels. The plan of care included injections, TENS unit and medications and authorization was requested for Neurontin 100mg #180 and Tramadol 50mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50 mg Qty 180 (between 4/9/15 and 6/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain. However, there is no documentation regarding functional improvement, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol is not medically necessary.